



Pool Membership 2022

Forms MUST be returned to Talbot County Community Center. Membership Forms are NOT accepted at the pools.

10028 Ocean Gtwy, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107 • parks@talbotcountymd.gov

Select Pool:

Bay Hundred Community Pool
911 S. Talbot Street
St. Michaels, MD 21663

George Murphy Community Pool
501 Port Street
Easton, MD 21601

Select Membership:

Individual - \$75

Senior - \$65
Ages 65+

Family - \$200
Families of four.
Additional members \$25 each.

Contact Information:

PLEASE PRINT CLEARLY

Address _____ City _____ ZIP _____

Cell Phone _____ Alternative Phone _____

Email _____

Family Members:

Additional Family Members:

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____

\$25.00 per person List additional members below.

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby re-lease, discharge, indemnify, and agree to hold Talbot County nor Coastline Pool Services, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, fliers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.



Register Online

Signature of Primary Member _____

Date _____

No refunds will be given for pool memberships.

For Office Use: Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____

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